

FEB 25 2014

Annual 47 C.F.R. S: 64.2009(e) CPNI Certification FCC Mail Room

EB Docket 06-36

Annual 64.2009(e) CPNI Certification for 2013

Date filed: 2/20/14

Name of company covered by this certification: G2 Solutions, LLC

Form 499 Filer ID: 823648

Name of signatory: Thomas Goren

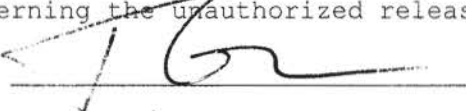
Title of signatory: CFO

I, Thomas Goren, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R.S: 64.2001 et seq.

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 et seq. of the Commission's rules (see accompanying statement attached).

The company has not taken any actions (proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year.

The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI.

Signed 

CONTACT INFORMATION FOR G2 Solutions, LLC

Contact information for company person who is authorized to resolve complaints

Name of individual: Thomas Goren

Business Address: G2 Solutions, LLC
Street: 1475 Powell Street, Suite 100
City, State, Zip: Emeryville, CA 94608

Telephone Number: 510-985-9600
TTY number: N/A
Facsimile number: 510-985-0363
Email address: tgoren@g2sol.net

Contact information for the agent designated for service of informal and formal complaints alleging violations of Sections 255, 716, and 718 of the Act or the Commission's accessibility rules

Company / Name of individual: Thomas Goren
Business Address: G2 Solutions, LLC
Street: 1475 Powell Street, Suite 100
City, State, Zip: Emeryville, CA 94608

Telephone Number: 510-985-9600
TTY number: N/A
Facsimile number: 510-985-0363
Email address: tgoren@g2sol.net



CUSTOMER CONTACT AUTHORITY (CCA)

G2 Solutions is committed to protecting the proprietary information (CPNI) you have entrusted to us. Pursuant to new FCC rules, effective 12/8/2007, we have implemented policies and procedures designed to better protect your network information against unauthorized access. Please assist us by providing complete contact information for parties authorized to receive information regarding your account.

"I the undersigned grant permission to G2 Solutions to provide information to the following individuals for the purpose of servicing my telecommunications account, including: the review of network, service, and billing records; negotiation of service changes; and resolution of network and billing issues that may arise on my account. Identified below are authorized account contacts and their respective authority level for each organizational area within my company and/or third party representative that will be doing business with G2 Solutions on my behalf."

Customer 0

Account Number _____

Print Name _____ Title _____

Authorized Signature _____ Date _____

Authority Levels:

RWA (Read/Write/All): This contact has full authority to request information and place orders on all aspects of the account including bill usage and network configuration.

RWB (Read/Write/Billing): This contact has the authority to ask questions about billing issues and request bill related changes on the account such as the billing address.

RWO (Read/Write/Orders): This contact can receive information about the network configuration on an account including line type, count, and physical and data configuration. This contact is authorized to place orders on the account including reconfigures, moves, adds, changes, new locations, etc.

RO (Read/Only): This type of contact is allowed to request and receive information regarding bills, network configuration, and orders, but is not authorized to make changes on accounts or orders.

RT (Read/Trouble): This authority level is allowed to report trouble on accounts, receive network configuration information in support of resolving trouble on the account. They are not authorized to receive information about on-line customer access system passwords or place orders for account changes.

ACCOUNT CONTACTS

1. PRIMARY ACCOUNT CONTACT:

Company	Name/Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

2. AFTER HOURS CONTACT:

Name	Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

3. OTHER CONTACT:

Company	Name/Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

4. TECHNICAL CONTACT:

Company	Name/Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

5. DATA CONTACT:

Company	Name/Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

6. OTHER:

Company	Name/Title
Phone	Fax
Email	Cell
Authority Level: <input type="checkbox"/> RWA <input type="checkbox"/> RWB <input type="checkbox"/> RWO <input type="checkbox"/> RO <input type="checkbox"/> RT (check appropriate authorization level)	

G2 Solutions may send emails to inform customers of other related services and other information. G2 Solutions does not sell personal information and personal information is not given to a third party unless authorized by the customer in writing or required pursuant to contracts authorized by law.

To facilitate processing of these forms, they may be returned in the following ways:

By mail: G2 Solutions, Attn: Customer Care, 1475 Powell St., Suite 202, Emeryville CA 94608

By e-mail: Scan signed documents and send to: service@g2sol.net

By fax: (866) 603-0966

**AUTHORIZATION FOR THIRD-PARTY
ACCOUNT REPRESENTATION:
TO OBTAIN CUSTOMER'S SERVICE RECORDS,
BILLING INFORMATION AND CREDIT INFORMATION**

I hereby authorize _____, "Agent" (Agent/Vendor/Other Third Party) to obtain my or my Company's (hereinafter "Customer") customer service records and billing information, as well as credit information, from G2 Solutions as necessary, during:

Check as appropriate:

☐

This Order/Installation only

☐

Term of contract and extensions with G2 Solutions or until G2 Solutions is otherwise notified in writing

I am requesting that G2 Solutions interface directly with Agent in providing service records, responding to requests for changes in service, billing disputes and/or trouble tickets, as noted below, for purposes of assisting Customer in:

Check as appropriate:

☐

Determining proposed changes to products and services

(Read/Only)

☐

Ordering and installation of new products and services

(Read/Write/Orders)

☐

View bill detail and usage; resolve billing disputes

(Read/Write/Bill)

☐

Handling trouble tickets

(Read/Trouble)

☐

All of the above

(Read/Write/All)

This letter of authorization does not preclude me or my company from placing orders, handling billing disputes and/or trouble tickets directly with G2 Solutions on my/our behalf.

Customer/Business Name: _____

Account Number: _____

Billing Address: _____

City: _____

State: _____

ZIP: _____

The undersigned has read the foregoing and represents that he/she is authorized to act on behalf of the Customer.

Print Name _____

Title _____

Authorized Signature _____

Date _____

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